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Division of Corporations

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From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040 Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future --annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN RKV FOOD AND SUPPLIES INC

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	RKV FOOD AND	SUPPLIES INC		
DOCUMENT NUMBER:	P17000080670			
The enclosed Articles of Amend	ment and fee are sub	omitted for filing.		
Please return all correspondence	concerning this mat	ter to the followin	ıg:	
	P	UCARDO MURA	A DE ARR	UDA
		Name of Conta	act Person	
	RI	KV FOOD AND	SUPPLIES	SINC
 		Firm/ Con	npany	
		534 HARVARD	PLACE	·
		Addre	68	
		APOPKA, FLOR	WDA 3270	03
		City/ State and	Zip Code	
	RCTAX	SERVICE@EAR	(THLINK	NET
E-m	ail address: (to be us	ed for future annu	ial report r	notification)
For further information concerni	ng this matter, pleas		321	9487801
Name of Contact	Person	at (Area Cod	e & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made p	payable to the Flor		· ·
•	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	y	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7		Division Clifton i 2661 Ex	address nent Section of Corporations Building accutive Center Circle ssee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation

17 OCT 31 AH 8: 27

SEGRETARY OF STATE

RKV FOOD AND SUPPLIES INC

(Name of Corpor	ration as currently filed with the Florida Dept. of State)	
	P17000080670]
(Do	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following am-	endment(s)
A. If amending name, enter the new name of the	e corporation:	1
RKV SOLUTIONS CORP	The	new
	word "corporation," "company," or "incorporated" or the abbrev Corp," "Inc," or "Co". A professional corporation name must conta the abbreviation "P.A."	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		<u> </u>
(Frincipal Office admess <u>1993) BE A STREET A</u>	<u> </u>	<u> </u>
		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	<u>!</u>
		!
D. If amending the registered agent and/or regis	istered office address in Florida, enter the name of the	_
new registered agent and/or the new register		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing I		
I hereby accept the appointment as registered agen	nt. I am familiar with and accept the obligations of the position.	
	1	
S	Signature of New Registered Agent, if changing	

iddress of each Officer Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO held, President, Treasure Changes should be noted	and/or D , if necess rector titl President = Chief I er, Directo I in the fo wes the c	irector b ary) e by the fi ; T= Tree inancial or would i llowing m orporatio	cing added: irst letter of the office title: asurer; S= Secretary; D= Director; I Officer. If an officer/director holds to be PTD. tanner. Currently John Doe is listed a n, Sally Smith is named the V and S. I	fficer/director being removed and title, he was the PST and Mike Jones is listed as the Vinese should be noted as John Doe, PT as the s	O = Chief each office V. There is
X Change	PT	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally S	nith_		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
l) Change		_		-	-
Add					_
Remove					_
2) Change		-		_	_
Add					_
Remove					-
3)Change		_	 		_
Add					-
Remove					-
4) Change		_			_
Add					-
Remove					_
5) Change		_			_
Add					
Remove					_ }
o 61					
O) Change		_			- '
Add					-
Remove				I I	

a additional sheets, if necessary). (Be specific)	
amendment provides for an exchange, reclassification, or cancellation of issued share	3,
isions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	
	<u> </u>

The date of each amendment(s) adoption:	if other than th
date this document was algred.	
Effective date if applicable:	
(no more than 90 days after emendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this discussent's effective date on the Department of State's records.	late will not be listed as th
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(e)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The mumber of votes cast for the amundment(s) was/were sufficient for approval	·
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	ler l
action was not required.	
Dated	
Wordel do	
(By a director, president of other officer — if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	rt
Ricardo Murado A (Typed or printed name of person signing)	rruda
(Title of person signing)	

: X.